

had been practised in Edinburgh. The result was not encouraging as regarded its further trial, at least in the thigh. A considerable amount of success had followed the practice, in ununited fractures of the leg and forearm, in the hands of the London hospital surgeons; but the only other case in which, as far as he could find, it had been attempted in the thigh, had proved equally unfortunate; he alluded to a case by Mr. Square, of Plymouth, in which, as in the present case, it had been subsequently found necessary to perform amputation.

—*Monthly Journal of Medical Science*, March, 1854.

49. *Puncture of the Bladder through the Symphysis Pubis.*—In our No. for April last (p. 403), will be found recorded a case in which this operation was performed by Dr. D. LEASURE of New Castle, Pennsylvania. At a recent meeting of the Medical Society of London, we find (see *Lancet*, April 15, 1854), that a paper entitled "A new method of puncturing the bladder by Dr. Brandes, of Jersey, was read. This new method is the one practised by Dr. Leasure. Dr. Brandes states that the practicability of this operation may be readily proved by any one who chooses to try the experiment upon the dead body, and appeals to the successful results of 100 instances in which he himself has operated on the dead subject. In these experiments, whether performed with the bladder empty or distended, he had never once failed in causing the instrument to enter that organ. The mode of operating is extremely simple. "The patient should be placed erect, resting against a wall; a longitudinal incision, about one inch in length, is then to be made in the integument immediately covering the symphysis pubis. A hydrocele trocar is then to be introduced at its upper third, and directed somewhat obliquely downwards and backwards towards the sacrum, varying the direction according to circumstances. A piece of flexible catheter is then to be introduced through the canula of the trocar, which, being retained *in situ* by a tape passed round the hips, completes the operation." Mr. Hancock stated that the chief objections which he had heard urged against the operation were, the risk of infiltration of urine into the cellular tissue occupying the space between the pubes, bladder, and neighbouring parts; the difficulties likely to attend the healing of a wound in a cartilaginous substance, and the possibility of the inflammation at the symphysis being communicated to the peritoneum. The advantages of this over the other operations for puncture of the bladder were considered to be—the ease with which that viscous might be reached, in consequence of its fixed position in this situation, although it or the parts in its neighbourhood might be diseased; the absence of danger of wounding any important structures, especially the peritoneum; its better adaptation to cases of contracted bladder, whether from age or any other cause, in corpulent persons; in displacements of the bladder, whether congenital or the result of injuries sustained in the perineum or pelvis, or as results of pregnancy, retroversion of the uterus, obliteration of the meatus urinarius by disease, preternatural descent of intestines, &c.; that it is less painful, and is more expeditiously performed than the other operations; that the wound being smaller, the source of irritation would be less, a point of much importance where irritation and fever already exist in the system; the catheter being more fixed is less likely to escape from the contraction of the coats of the bladder, or, on the contrary, to slip into the bladder, an accident which has been known to occur where puncture above the pubes has been had recourse to. It can, likewise, be more readily replaced when its withdrawal has been necessary. It is eligible, in certain cases, in which puncture of the rectum or urethra are inadmissible on account of altered states of the parts. The readiness with which the patient may be placed in a position suitable for the draining away of the urine, in which respect it is greatly superior to the supra-pubic operation. Its applicability in cases of retention of urine arising from inflammation in the bladder itself, where that viscous becomes too irritable to admit of the accumulation of the urine to the extent even of a few ounces without extremely urgent symptoms of retention supervening, remaining, of course, at the same time, in an undistended condition, a state which would render the supra-pubic operation ineligible. The author, moreover, announces that since his paper was

written in the year 1838, the operation has been successfully performed on several living subjects by himself and others, without any of the ill consequences apprehended by some theorists. Cases are related in the *Medical Transactions, &c.*, Bengal, vol. viii. part 2.

50. *Ovariotomy, with reference to its Introduction into Legitimate Practice.*—[Mr. G. B. CHILDS lately read a paper on this subject before the Medical Society of London, an analysis of which, with the report of the discussion which took place, we give in order to show the opinions entertained in London in regard to this operation.]

Since the end of the last and the commencement of the present century—the era marked by the labours of Hunter and Baillie—the numerous diseases classed under the vague term of female complaints have received much attention, and have been better understood, principally through the more frequent employment of improved philosophical instruments, and also through more minute and extended inquiries into the phenomena of disease. In these investigations the diseases of the ovaries seem to have attracted the notice of British earlier than of Continental medical men. Three operations had been proposed for ovarian diseases—viz., puncture, excision, and extirpation. The operation of puncture was scarcely better than leaving the patient without any treatment, for the records of 170 cases collected by Dr. Robert Lee proved that the disease seldom remains quiescent under no treatment, while it is seldom cured and scarcely ever relieved by tapping. The author would not, however, follow the opinion of those who ascribed death to this operation, for the fatal result could no more be attributed to it in this case than in ascites. The operation of excision, as well as those by injection and the seton, were shown to have arisen from the discovery that so-called ovarian diseases were often accompanied with hydatids or cysts, by steatomatus or sarcomatous growths, and that sometimes even malignant growths were present. Le Dran endeavoured to destroy the morbid cyst by injection and wadding; Chopart and Desault opened the sac or sacs with caustic; Dzondi laid open the sac and attempted to remove it by forceps; and at last De la Porte and Morand proposed extirpation, which was performed by L'Aumorier in 1782. Mr. Childs then noticed the operation of Mr. I. B. Brown, and referred to the complications often discovered during the operation for excision. Proceeding then to speak of ovariotomy, he disapproved of the usual practice of delaying the operation, alleging that delay can produce no benefit to the patient, and that it will be attended with greater probability of the formation of adhesions. The errors in diagnosis which have been sometimes committed form no argument against the operation. It was a remarkable fact that sterility was a very common accompaniment of ovarian disease; but it was also true that ovarian tumours were sometimes found in women who had borne several children. The author adduced a short analysis of the cases of ovariotomy, collected by Dr. R. Lee, from which it appeared that—1. The abdomen was laid open in eight cases, in which no disease was found; of these two died. 2. The abdomen was opened in fifty-four cases, in which the diseased mass could not be removed; of these there died eighteen. 3. The diseased ovary was removed in one hundred patients, of whom thirty-eight died. The mortality was not to be considered large when it is remembered how common it is to delay the operation. In many of the fatal cases, and of those in which the operation could not be performed, it would be easy to show that delay had been the principal cause of the failure or of the fatal result. Hence the author concluded that to abandon ovariotomy in all or even in most cases would neither contribute to the interests of humanity nor to the honour of surgery. The author concluded his paper with the narrative of two cases in which he had performed the operation. The first was successful; in the second, the patient died of diarrhoea.

Dr. Snow remarked that much uncertainty existed with reference to ovariotomy, from the very unsatisfactory nature of the statistics of the operation. The successful cases were usually published, but many unsuccessful ones, he believed, never met the light. He did not insinuate that cases were withheld because they were unsuccessful; but many gentlemen who performed the